MIOCRG PROJECT DESCRIPTIONS

Humboldt County is using a multidisciplinary Jail Forensic Team to provide coordinated wraparound services (24 hours a day, seven days a week) to severely mentally ill offenders – first in the Humboldt County Correctional Facility, then in the community. The team is comprised of staff from the Sheriff's Department, Probation Department, and Department of Mental Health/Alcohol and Other Drug Programs.

The project involves four phases. The Candidate's Phase includes a thorough assessment of the client's bio-psychosocial needs and the development of a treatment plan. The client then progresses through the Primary Treatment Phase, which begins in jail unless the client is released to an intensive supervision caseload. This phase involves medications, intensive case management and individually tailored services such as substance abuse counseling, educational groups, and therapy. The Treatment/Transition Phase continues the requirements of Phase II and links clients with community-based treatment programs and services (e.g., mental health day treatment, substance abuse treatment, transitional housing, transportation, education, etc.). The Maintenance and Community Transition Phase continues the Phase III treatment and monitoring requirements for three to six months. During this final phase, the client is expected to take responsibility for continuing treatment, with services being provided and coordinated at community hubs when appropriate.

Throughout the community-based portion of the program, the client is under intensive supervision by the Probation Officer. This supervision may include electronic monitoring and drug testing. Frequent status reviews by the court will be scheduled.

Referral to the program can be made during the pre-booking/intake process by medical or mental health services staff or by judges, district attorneys or public defenders. The identification and referral of clients will include an assessment of their mental illness, alcohol and other drug use, public safety risk, probation status, custody status and classification status. Upon court approval, the client will be randomly assigned to the treatment group or comparison group.

Kern County is using a multidisciplinary "JAILINK" Team (Jail Alternatives, Information and Linkage) to coordinate services for seriously and persistently mentally ill offenders. This project includes the following elements:

- Pre-release and post-release services (including community-based board and care beds, transportation, intensive case management, and vocational rehabilitation) by trained mental health professionals who are working with Turning Point to promote long-term stability and recidivism prevention.

- Trained mental health staff at the Central Receiving Facility to identify mentally ill offenders and intervene to provide services in locations other than the jail if appropriate, and at the Psychiatric Unit of the Lerdo Complex to provide intervention, treatment and diagnosis services to mentally ill inmates.

- A Crisis Outreach Team comprised of mental health, medical and probation staff to ensure that each mental health plan developed by JAILINK is implemented.

- Enhanced crisis intervention services through a Sheriff's deputy who will be trained and dedicated to the county's existing Mobile Evaluation Team.

- Increased probation involvement, particularly for assistance with summary probationers, on the current Mental Health Forensic Services Team, which works closely with the Sheriff's department

and courts to serve seriously mentally ill residents who have been court-ordered to receive mental health services and to help those at risk of resulting legal problems.

The project also involves an Oversight Committee to provide continuing direction and supervision in providing services to the target population.

Los Angeles County is implementing the Community Re-Integration of Mentally Ill Offenders (CROMIO) Program, an intensive case management program that includes a continuum of services beginning prior to the client's release from jail.

Program participants are assigned to a Service Coordination Team (SCT) and a Personal Service Coordinator (PSC). The SCT is comprised of a team leader, a psychiatrist (who conducts weekly support classes to educate participants in effectively managing their own medications), one registered nurse, two psychiatric social workers, two probation offers, two deputy sheriffs, two substance abuse counselors and five case managers. In addition, the SCT provides community employment and integration services through the efforts of a resource specialist, two job developers, two job coaches and a community integration specialist.

During the jail-based engagement phase of the program, the PSC and a criminal justice liaison from the Probation Department educate the participant about the services available through the program and begin to formulate an individual personal service plan based on an assessment of the offender's history, needs and goals.

Deputies and Mental Health staff try to involve the participant's support system, including the PSC and/or family members as appropriate, in transitioning the offender from the jail to the community. Participants are transported to medical and dental appointments, vocational and educational services, and recreational opportunities. The program is partnering with homeless shelters, board and care homes and residential programs to provide housing. The PSC visits the participant at least once a week to provide outreach and monitoring, one-on-one training in living skills, and assistance in obtaining/maintaining benefits and entitlements as well as in enrolling and staying in school.

This project has been designated by the Legislature as a High Risk Model and, as such, is targeting mentally ill offenders who are likely to be committed to state prison.

Orange County is implementing the Immediate Mental Health Processing, Assessment, Coordination and Treatment (IMPACT) project, which involves specialized teams of deputy probation officers and behavioral mental health clinical staff to address the specific and unique needs of mentally ill offenders and to take immediate steps when signs of psychiatric deterioration or non-compliance are evident. These teams assess the signs of mental illness and deterioration and use specialized terms and conditions of probation to help offenders comply with treatment plans, counseling and other services. The teams have caseloads small enough (25-30 clients) to provide intensive supervision, follow-up and other case management activities.

To accomplish the objectives of its proposal, the county is coordinating with local treatment centers and the Sheriff so that an offender's release occurs when services are open and available to the client. The county is also contracting with a non-profit service organization to provide, immediately upon the client's release from jail, transportation to a treatment center for medication and other services; and with a community care provider to operate a community resource treatment center to provide psychiatric and medical services, peer counseling services, transportation to court and other support services, and assistance in accessing entitlement benefits and improving daily living skills.

In addition to these intensive services, the project includes development of a multi-lingual educational video to provide information about community education and treatment programs to families of clients. This video will be played in the visiting facilities at the Orange County jail.

The project also includes a centralized voice mail system for clients, their families and providers to provide around-the-clock access to information necessary to keep clients on treatment schedules and remind them of meetings with probation officers, court-required appearances, and other case management requirements.

Placer County is implementing a project with four components, the first of which involves the creation of a multi-disciplinary team that will evaluate mentally ill offenders when they come into the jail to determine the best approach to treatment and/or adjudication. A mental health professional will administer an assessment to determine diagnosis and need for services. Persons with a serious mental illness will be fast-tracked so that action can be taken as quickly as possible.

The second component involves the establishment of a Stabilization Unit in the jail (using existing pods) that will provide additional mental health services (e.g., more staff contact and counseling sessions) to persons who are experiencing psychosis or other extreme adjustment issues.

The third component is a Transitional Residential Treatment Program (TRTP) located near the jail to provide extensive treatment and living skills to offenders upon release. The TRTP, which will accommodate up to 20 offenders at any given time, will use a Certified Social Rehabilitation model that has four levels of treatment. Progression from one phase to the next will depend on the progress the individual makes in meeting the requirements of the individualized treatment program established by the interdisciplinary team. While allowing residents to remain in the residential program up to one year, the county anticipates that the average resident will stay three to four months.

The final component of this project is an Aftercare Program that works with the mentally ill offender and family members. Probation officers and the Adult Systems of Care Mental Health Unit will closely supervise the offender to provide services and living skills as well as sanctions for treatment non-compliance.

Riverside County is implementing a project with three components, the first being a dedicated 80-bed housing unit at the Robert Presley Detention Center (via modifications to an existing housing unit). This component includes the addition of specially trained staff within the housing unit to ensure early detection of decompensation and to provide critical linkages between mental health, health services and custody staff.

The second component involves a 10-bed expansion of the Alternative Sentencing Program (ASP), which provides community-based housing and a comprehensive treatment program that must be completed as a condition of probation (in lieu of incarceration in the dedicated housing unit). The ASP also provides linkages to monetary assistance for medical care, mental health care and other community support services (e.g., housing) needed for successful community reintegration.

The final component focuses on discharge planning and reintegration into the community for mentally ill offenders once they are released from custody. The county is implementing a discharge management program that will begin three to four weeks prior to an inmate's release and will provide linkages to existing mental health and supportive services (e.g., transportation, financial advocacy and vouchers for shelter/transitional living accommodations). This component also includes intensive probation supervision and coordination with community policing efforts to help ensure participation in the treatment program to which offenders are referred and reduce the chances of recidivism.

Sacramento County is implementing Project Redirection, which is designed to enhance the current system for mentally ill offenders through the provision of service coordination and resource brokering, emergency and stabilizing housing, integrated substance abuse and mental health treatment, and crisis management.

Case managers and a dedicated senior probation officer are providing service coordination and resource brokering for appropriately identified offenders, encouraging participation in the project and coordinating their psychological and physical assessments, case planning and management activities, housing, and access to any other critical resources. A low caseload ratio (10:1) allows for intensive case management.

Emergency and stabilizing housing, which has been secured via an agreement with a 12-bed transitional facility in the community, gives participants access to emergency placement and/or shelter and staff support for up to 30 days.

The county's Mental Health Division and Alcohol and Drug Bureau are developing an integrated treatment program that is tailored to participants' needs and includes relapse prevention training, group alcohol and other drug services, and job readiness training.

Crisis management is occurring through a collaborative effort between law enforcement and the client's assigned case manager, who will be contacted during or shortly after a crisis arises (e.g., loss of housing, psychological or substance abuse relapse, contact with the criminal justice system, loss of financial support). The case manager and probation officer meet with the project participant and work with the court, district attorney and public defender to develop an appropriate level of intervention and support in response to the crisis. Should the crisis necessitate re-incarceration in the jail, the case manager will maintain contact with the client, who will go through exit planning and be reintegrated into the project upon release.

San Bernardino County is implementing the San Bernardino Partners Aftercare Network (SPAN) project, which involves a multi-agency team whose purpose is to link seriously mentally ill inmates to needed mental health services upon release from jail. Housed on the grounds of the West Valley Detention Center (but in a separate building), this aftercare management team serves as a "bridge" between custody and community integration by providing, among other things:

- Early discharge planning at booking to assess inmates' mental health status and post-incarceration housing and community service needs.
- Necessary referrals to outpatient mental health services (including counseling, medication services, and drug and alcohol services).
- A 14-day supply of medication at time of release until contact is made with a community mental health treatment resource.
- Financial advocacy to assist clients in obtaining Social Security, medical and other benefits and housing advocacy in locating independent living settings or residential placement.
- Transportation to community mental health clinics, a residence or placement facility.
- Identification cards to alert treatment providers, law enforcement personnel and others that the individual is part of the treatment program.
- Assessment /referral to the Mental Health Court and coordination of terms and conditions of probation through the District Attorney's Office, Public Defender's Office and Superior Court.

This latter component (coordination of terms and conditions of probation) is handled by a specialized SPAN subprogram called STAR-LITE (Supervised Treatment After Release – Less Intense Treatment Expectations), which will expand the capacity of the Mental Health Court. Unlike the county's existing STAR Program, which includes ongoing case management, STAR-LITE provides only aggressive front-end case management to inmates at high risk for recidivism, linking them to needed community services, financial support, housing and drug abuse counseling and treatment.

San Diego County is implementing the Connections Program, which uses the Assertive Community Treatment model to provide increased assessment, intensive case management and wraparound services to severely mentally ill offenders on probation.

Increased assessment begins with a Psychiatric Emergency Response Team (PERT) consisting of a law enforcement officer or deputy and a licensed mental health clinician. At the point of crisis, PERT team members evaluate, assess, and refer the individual to the most appropriate level of treatment and care in the community. Should the violation of the law by the mentally ill individual be of such a serious nature that the PERT team could not refer the individual to the community, then the mentally ill offender is taken to the county jail for processing.

Upon entry to jail, individuals identified as having mental health issues are referred to a social worker for further assessment and more extensive case management. A comprehensive case management component provides in-jail and essential post-release care and wraparound services. Strategies for post-release include mental health or substance abuse treatment, aid in establishing long-term stability, including a stable source of income, a safe and decent residence, and a reliable conservator or caretaker.

All participants in the Connections Program are assigned to one of five case management teams. Each team assists 30 probationers annually, assuring a 1:10 staff-client ratio. Program services are delivered in three phases, each lasting about three months. Independent of what phase of service the participant is in, team responsibilities include attending pre-release planning at in-jail psychiatric units for probationers being released into the community; being present at community psychiatric hospitalizations as needed; visiting new group homes; carrying a 24-hour pager in order to respond to crisis situations; and consulting and visiting with families as needed.

San Francisco County is implementing a Forensic Support System (FSS) that provides expanded clinical consultation to the courts; jail-based psychiatric assessment, treatment and pre-release planning; intensive case management and, as appropriate, intensive probation supervision.

The cornerstone of the FSS is the Forensic Case Management Team (FCMT), a multidisciplinary team that handles a low caseload (approximately 15 to 1) in coordinating and delivering a broad range of community-based treatment services. In addition to traditional individual and group counseling, case management, medication and money management, and substance abuse treatment, the Team is providing a range of socialization, skill building, recreation and pre-vocational opportunities. Throughout enrollment in the program, clients are able to access a case manager 24 hours a day and crisis response will be swift and in person. In the event of incarceration, hospitalization, or acute diversion, case managers will meet with staff at the institution immediately to ensure continuity of care. Clients go through a four-phase program, moving through phases according to their individual ability to manage symptoms and comply with their treatment plan (Phase I-Client Engagement; Phase II-Treatment Initiation; Phase III-Intensive Treatment; and Phase IV-Graduated Independence-Aftercare). The FCTM also manages a flexible housing fund to assure that individuals can access shelter and housing.

In addition to the FCMT, this project includes a Psychiatric Liaison to the court system exclusively for FSS clients. The Liaison is providing consultation to the District Attorney, Public Defender, Judge and Adult Probation Department to help assess and determine how best to integrate graduated sanctions that balance public safety, due process, and clinical issues. The project also includes an expansion of the Jail Aftercare Services program to provide intensive pre-release planning and to link clients with the FCMT, intensive supervision (when appropriate), and community-based treatment.

San Francisco's project was designated by the Legislature as a High Risk Model aimed at offenders who are likely to be committed to state prison. As such, the project will include state parolees.

San Mateo County is implementing the Options Project, which involves a multi-disciplinary team that provides additional probation supervision, intensive case management, mental health services and chemical dependency treatment to qualified mentally ill offenders approved by the court for release from custody.

The team manager (a Mental Health Program Specialist) is responsible for identifying potential participants, developing and implementing a plan for chemical dependency treatment when appropriate, and making housing recommendations to either the Own Recognizance Project or Probation staff (depending on the point in the adjudication process when the participant is referred to the program).

San Mateo County has identified housing options that range from short-term shelter to placement at a residential chemical dependency treatment program or locked subacute mental health treatment facility. Day reporting is required for clients who are not in a residential program and includes counseling, educational and training activities.

The Options Team includes a case manager who is opening a file for each participant at one of the three county mental health centers, reviewing the treatment plan with the participant while he/she is in jail, transporting the released offender to the housing specified in the plan, and providing a written copy of the daily activities schedule to the participant.

All participants are placed on an intensive probation caseload and must agree to weekly urinalysis testing during their first six months of program participation.

Santa Barbara County is implementing two Mental Health Treatment Courts (MHTC) combined with Intensive Support Teams (IST) and wrap around community-based services.

The MHTCs (in Santa Barbara and Santa Maria) involve a judge, district attorney, public defender, probation officer and treatment officer working together during an 18-month intensive treatment and supervision program for offenders. The same judge in each court handles each MHTC program case in order to provide as much consistency and coordination as possible. Participants are brought back to the same court as often as necessary to increase their chances for successfully completing the program, which includes mental health and substance abuse treatment, medication monitoring, assistance with housing and employment, engagement with family members, and peer mentoring.

The ISTs, comprised of county probation officers and mental health professionals, provide daily case management and supervision. Among other things, the teams accompany offenders to court appearances, treatment and other appointments necessary for their care; directly assist their clients in accessing local employment services and opportunities, including regional Horticulture Vocational Programs; and conduct 8-week skill training modules developed by UCLA researchers on community re-entry and substance abuse. The efforts of the ISTs are supplemented by services provided through a contract with a community-based organization that extends service coverage to 24 hours, 7 days a week and ensure continuity of care for clients.

To help achieve the objectives of this project, the Housing Authorities of the County and City of Santa Barbara have formed a unique partnership that provides Section 8 rental assistance vouchers for up to 50 of the mentally ill offenders in the treatment group, thus streamlining access to stable, long-term housing.

Santa Cruz County is implementing the MOST (Maintaining Ongoing Stability through Treatment) project. This effort draws in concept and practice upon the California Department of Mental Health's Conditional Release Program, which uses a combination of treatment and "probation-like" authority to serve and monitor judicially committed mentally ill offenders who return to the community, and the ACT (Assertive Community Treatment) model, which provides intensive treatment services to

mentally ill persons on a 24-hour, 7 day per week basis. The project combines intensive probation supervision with intensive case management treatment for mentally ill individuals who have repeatedly been arrested.

The county has formed a specialized ACT Team that is providing integrated wrap around services to mentally ill offenders randomly assigned after adjudication to the demonstration program. This multidisciplinary team includes a mental health supervising client specialist (team leader) who is overseeing the treatment of offenders; a mental health nurse case manager who is providing nursing, medication management, therapy, case management and emergency services to clients; a psychiatrist; a substance abuse case manager; two specially trained deputy probation officers; and a consumer-peer team aide. The team is assuming responsibility for serving project clients in all settings, including if they return to jail, for approximately three and a half years.

A "spill-over" effect of this project will be database integration among the Sheriff's Office, Mental Health Department and Probation Department to gather the necessary data to track the mentally ill offender from arrest through the entire program.

Sonoma County is implementing the Forensic Assertive Community Treatment (FACT) project, an intensive case management program for mentally ill offenders with a history of multiple arrests and lengthy incarceration. A modified version of the Assertive Community Treatment model that has been effective in reducing re-hospitalization among persistently mentally ill individuals, the FACT project involves an interdisciplinary team to provide in-depth assessment, intensive probation supervision, and a wide range of proactive and emergency services individually tailored to the specific needs of the client. Among other things, FACT will:

- Provide immediate intervention 24 hours a day, seven days a week.
- Facilitate the client's progress through the criminal justice system.
- Coordinate sentencing mandates with the Court's Mental Health Review Team.
- Provide ongoing stabilization and treatment during incarceration.
- Provide individualized treatment and access to community-based services upon release.
- Access financial entitlements for the client.
- Provide medication, individual and group therapy.
- Respond to emergency situations such as the need for housing, clothing, and/or food.
- Conduct mandatory drug testing for individuals with a history of substance use.

Clients will be rotated out of the FACT program when they achieve one year without any involvement in the criminal justice system and are considered "baseline stable" by the team. Generally, this will mean the client is functioning well in the community, taking prescribed medication, has a stable living situation, and has had no recent psychiatric hospitalizations or emergency service contacts. FACT "graduates" who subsequently become acutely ill or come to the attention of law enforcement will be drawn back into the program as priority clients before new ones are accepted.

Stanislaus County is implementing a multi-agency Assertive Community Treatment (ACT) program that includes the following features:

- Low staff to client ratios (as few as seven clients on a service provider's caseload depending on the intensity of the service required to achieve program outcomes).

- Flexible, responsive and innovative intervention and treatment strategies tailored to the individual client (e.g., safe temporary housing, basic living necessities, necessary medical and/or other treatment services, transportation, and vocational training).

- Assertive interactions that engage clients in their respective community-based settings.

- Partnerships with those who are impacted by the client's behavior (e.g., area merchants) and who provide services to the client (e.g., Salvation Army).

A Mental Health Clinician is providing the clinical leadership for the ACT Team and has day-to-day responsibility for project operations. This individual is performing clinical assessments, ensuring that treatment planning and strategies are appropriate, providing limited clinical treatment and performing individual case management functions as needed.

The ACT Team also includes mental health case managers who are identifying, obtaining and coordinating any and all community services the client may need (e.g., substance abuse, health care, and benefits application/advocacy); a psychiatrist and registered nurse who are conducting outpatient assessments and providing medication education; a probation officer who is focusing on encouraging individual compliance with mental health treatment; and a peer recovery specialist who is providing support to program participants.